

HR USE ONLY:
High school student:
College student:
Received by Mail/Fax:
AP#
Disposition Code:

STUDENT EMPLOYMENT APPLICATION BERKELEY COUNTY GOVERNMENT HUMAN RESOURCES DEPARTMENT

Post Office Box 6122, 1003 Highway 52 Moncks Corner, SC 29461-6122 Phone: (843) 719-4163 - Moncks Corner Line (843) 723-3800 Ext. 4163 - Charleston Line (843) 567-3136 Ext. 4163 - St. Stephen Line Fax (843) 719-4714

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of employment opportunities.

	PEF	RSONAL DATA		
I prefer: (Clerical Work Lab	or/Manual Work	I do not have a preference.	
NAME (as appears on Social	al Security card):			
(Last)	(First)	(Middle)		
List any other name by which y	ou have been known:			
ADDRESS:	(Street)			
(City/Town)	(County)	(State)	(Zip Code)	
PHONE NUMBERS: Hom	e: ()	Email A	ddress:	
Ce	ell: ()	Pager:	()	
Busines	s: ()	Ext	May we call you at work? Yes _	_ No
Have you ever been employ	ed by Berkeley County? _	_ Yes No Dates Wo	orked: From// To/	·
Department:		Position:		
Supervisor:	If avai	lable, do you wish to ı	return to that same position? Yes _	_ No

List any relatives currently employed by Berkeley County Government:				
NAME	RELATIONSHIP	DEPARTMENT		
Please list 3 Professional refere	nces other than relatives or former employer:			
NAME	PHONE NUMBER	ADDRESS		
	EDUCATION AND TRAINING			
Are you currently attending high so	chool or college? High School College; N	Najor:		
What is your current status? F	Freshman Sophomore Junior Seni	ior		
School attending:	(Name) (C	77 (01 1)		
		ity/State)		
Grade Point or Letter Average:	Extracurricular activities:			
Do you have an interest in any par	rticular area or department? Yes No			
	·			
If yes, please list:				
	COMPUTER SKILLS			
Do you have computer experience	e?Yes No			
Check all that apply:				
Microsoft Windows Microsoft Word Microsoft Excel or	r, if other spreadsheet program, please specify: _			
	puter skills:			

EMPLOYMENT HISTORY

Please list your entire employment history. Omission of material information could result in loss of employment opportunities or termination from employment.

Nomo	an ampleyment records if different from pro-	ant name:
		ent name: Supervisor:
	s:	
		Number: ()
Positio	1:	Last Salary/Hourly Rate:
Positio	n Status: Full Time Employment	Part Time Employment (hours per week
Were y	ou a supervisor? Yes No Nu	umber of Employees Supervised:
Duties	included:	
From:	/	
Did you	ı quit? Yes No	ed or asked to resign? Yes No
Reason	u quit? Yes No Were you terminat n for leaving (if you were terminated or asked nt employer, may we contact? Yes	d to resign, you must provide sufficient details):_
If curre	n for leaving (if you were terminated or asked that the following is a second to the following that the following is a second to the	d to resign, you must provide sufficient details):_ No ent name: Supervisor:
If curre Name of Employ	n for leaving (if you were terminated or asked that the following is a second to the following that the following is a second to the	d to resign, you must provide sufficient details):_ No ent name: Supervisor:
If curre Name of Employ Addres Phone:	n for leaving (if you were terminated or asked that the following is provided in the most of the following is the following in the most of the following is the following in the following is the following in the following is the	d to resign, you must provide sufficient details):_ No ent name: Supervisor:
If curre Name of Employ Addres Phone:	n for leaving (if you were terminated or asked that employer, may we contact? Yes on employment records if different from prestrer: s: Fax No Fax No	d to resign, you must provide sufficient details):_ No ent name: Supervisor: Number: () Last Salary/Hourly Rate:
If curre Name of Employ Addres Phone: Position	nt employer, may we contact? Yes on employment records if different from pres rer: s: Fax N n: Full Time Employment	No ent name:Supervisor:Last Salary/Hourly Rate:Last Time Employment (hours per week
If curre Name of Employ Addres Phone: Position Were y	nt employer, may we contact? Yes on employment records if different from pres rer: s: Fax N n: Full Time Employment	No ent name:Supervisor:Last Salary/Hourly Rate:Part Time Employment (hours per week
Reason If curre Name of Employ Address Phone: Position Were y Duties	nt employer, may we contact? Yes on employment records if different from pres rer: s: Fax N n: Full Time Employment ou a supervisor? Yes No No	No ent name:Supervisor:Last Salary/Hourly Rate:Part Time Employment (hours per week umber of Employees Supervised:

** If additional space is needed, please attach an *Additional Employment History Form* which can be obtained from the Human Resources Department or downloaded from the Berkeley County Government website.

NOTICE TO APPLICANTS REGARDING CRIMINAL HISTORY CHECKS

If you have ever been convicted of, plead guilty or plead nolo contendre to an offense other than a minor traffic violation, you must provide this information on your application. *This includes convictions for driving under the influence or driving under suspension as well as any convictions for <u>fraudulent check charges.</u> You do not need to list any convictions which have been expunged.*

You will be considered for the position provided that any convictions are not relevant. Before a conditional offer of employment is made, a criminal history check will be ordered for each applicant selected. This includes current Berkeley County Government employees. If any further background checks reveal a discrepancy between your job application and the background check, you may be terminated from employment.

Consent and Disclosure

IMPORTANT - PLEASE READ CAREFULLY BEFORE YOU SIGN!

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if applicable) is true and complete to the best of my knowledge. I understand that I am required to submit my complete work history. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of Berkeley County Government and will not be returned.

Berkeley County Government is informing you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the company receives my request or five days after the investigative report was requested, whichever is later.

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, including performance and separation information and consumer report information that may include motor vehicle records. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign. I fully understand that a criminal or other background check may be conducted at any time during my employment with Berkeley County Government. I release Berkeley County Government, my former employers and others from any and all liability for seeking or providing such information.

I further understand that any employment and compensation with Berkeley County Government is "AT WILL" and that If I am hired I may be terminated, with or without cause or motive, at any time for any or no reason at the option of either Berkeley County Government or myself. I understand that no management official/body other than Berkeley County Council has any authority to enter into any agreement contrary to the "at will" employment or to make any oral assurance or promise of continued employment.

I also understand that if I am given a conditional offer of employment that I will be scheduled for a drug and alcohol screen, a tuberculosis test (PPD) and may be scheduled for a psychological exam, functional capacity test and physical examination.

I have been given a copy of this form (if requested).	
Print Name	
Signature:	Date:
Date of Birth (for identification purposes only)	
Social Security Number (for identification purposes only)	
If name changed (through marriage or otherwise) print former name	e here

HR USE ONLY:
AP#

APPLICANT DATA RECORD

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING RD ЭR

DISCRIMINATION. APPLIC TO RACE, COLOR, NATION DISABILITY.				
NAME (as appears on Social Secur	ity card):			
Last	First	Middle		Maiden
Social Security Number:		Phone :(_)	
Address:				
Street	City	State	Zip Code	
Date of Birth:	Ag	e:		
Position applying for: STUD	ENT INTERN	Date:		
AS EMPLOYERS/GOVERN REGULATIONS AND AFFI COMPLY WITH GOVERN REQUIREMENTS, PLEASE (A CONFIDENTIAL FILE SI APPRECIATE YOUR COOPI	RMATIVE ACTION MENT RECORD-K COMPLETE THE AF EPARATE FROM 1	RESPONSIBILITIES EEPING, REPORTII PLICANT DATA REC	. SOLELY NG AND (CORD. IT W	TO HELP US OTHER LEGAL ILL BE KEPT IN
CHECK ONE: [] Male [] Female	How did you hea	r about this j	ob?
[] Hispanic o [] Asian (Not [] American [] Two or Mo	Hispanic or Latino) or Latino Hispanic or Latino) Indian/Alaska Native ore Races (Not Hispanic	(Not Hispanic or Latino)	[] Job Lii [] Websi [] Newsp [] Office [] Job Se	ne te paper Ad Visit